

CITY OF JUNCTION CITY
APPLICATION FOR EMPLOYMENT

GENERAL

NAME:

ADDRESS:

TELEPHONE: (____) _____ ALTERNATE PHONE () _____

DATE AVAILABLE FOR EMPLOYMENT: _____

Are you employed now? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

If YES, give name: _____

Are you legally able to work in the United States? ☐ YES ☐ NO

Position you are seeking: _____

Based on the Job Description, can you perform the essential functions of the job(s) for which you are applying? ☐ YES ☐ NO

Do you have a valid driver's license? ☐ YES ☐ NO

License No./State: _____

Have you pled guilty or been convicted of a felony? ☐ YES ☐ NO

(Please note that a "YES" answer will not automatically bar you from consideration for employment.)

If YES, please explain:

This employer is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

EDUCATION

<u>Name of School</u>	<u>Field of Study</u>	<u>No. of Years Attended</u>	<u>Type of Diploma/Year Earned</u>
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1. _____

2. _____

3. _____

OTHER CONSIDERATIONS

SPECIAL SKILLS, QUALIFICATIONS AND CERTIFICATIONS:

List special skills, specific qualifications , and current certifications *related to the job you are seeking*:

ACTIVITIES OTHER THAN REGULAR EMPLOYMENT:

Describe volunteer activities, military experience, and/or other activities *relevant to the job you are seeking*:

REFERENCES

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
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1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. List **ALL** jobs held for the past ten years in chronological order.

Employer _____ Date Hired _____ To _____ (month/year)

Address _____ Telephone No: (____) _____

Supervisor Name _____

Position Held _____ Last or Current Wage _____ () hour () month

Main areas of responsibility: _____

Reason for leaving: _____

Employer _____ Date Hired _____ To _____ (month/year)

Address _____ Telephone No: (____) _____

Supervisor Name _____

Position Held _____ Last or Current Wage _____ () hour () month

Main areas of responsibility: _____

Reason for leaving: _____

Employer _____ Date Hired _____ To _____ (month/year)

Address _____ Telephone No: (_____) _____

Supervisor Name _____

Position Held _____ Last or Current Wage _____ () hour () month

Main areas of responsibility: _____

Reason for leaving: _____

Employer _____ Date Hired _____ To _____ (month/year)

Address _____ Telephone No: (_____) _____

Supervisor Name _____

Position Held _____ Last or Current Wage _____ () hour () month

Main areas of responsibility: _____

Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

[] YES [] NO

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. *I recognize that my employment can be terminated, at the discretion of the City of Junction City, or at my option, without out notice, at any time, except as specifically set forth in writing in a current individual employment agreement, the City's Personnel Policies and/or collective bargaining agreements, as applicable.*

[] YES [] NO

I have read, understand and agree with the above.

By:

Signature of Applicant

Date

I understand that this application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

APPLICANT AUTHORIZATION FOR REFERENCE CHECKS

I hereby authorize my past employers to release information to the City of Junction City regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Dates of employment
2. Position(s) held
3. The quality and quantity of my work
4. My attendance habits (excluding workers' compensation, pregnancy, disability FMLA and other protected absences)
5. My relationship with co-workers, supervisors and managers
6. My attitude toward work (cooperative? positive? etc.)
7. Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?)
8. Strong and weak points
9. Willingness to comply with policies and standards
10. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaging in hostile or violent behavior
11. Other relevant information regarding my performance, skills, ability, and suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization, my application will be rejected.

Print Name

Signature

Date